

ROHINGYA LANGUAGE GUIDANCE



NUTRITION

These Rohingya language guidelines provide sociocultural background and linguistic context for humanitarian program managers, field workers, and interpreters who work in nutrition programs. UNICEF helped develop this document. It accompanies the TWB Glossary for Bangladesh, which contains more than 200 nutrition-related terms, as well as over 1,000 terms from other humanitarian sectors. It is available in five languages both online and offline via smartphone app in written and audio format.

<https://glossaries.translatorswb.org/bangladesh/>

We collected data through focus group discussions, delineated by gender and language (Chittagonian or Rohingya), and supported by complementary field and desk research.



Contact

bangladesh@translatorswithoutborders.org
for language needs in Bangladesh,

or

info@translatorswithoutborders.org
to discuss overall language services
and resources for communicating
with communities in need.



**TRANSLATORS
WITHOUT BORDERS**

As with other sectors in the humanitarian response in Cox's Bazar, Chittagonian speakers from the host community play a critical role in addressing nutrition-related issues. As both interpreters and field workers, they aid communication between the Rohingya community and foreign and national NGOs.



Bangladesh has made progress in the past few decades in terms of public awareness regarding nutrition and health. These campaigns often used standard Bangla, and as such, many nutrition and health-related words are direct borrowings from that language.

Therefore, Chittagonians may have a clearer understanding of terms borrowed from Bangla like nutrient (*pushti*) or healthy (*shastoban*) than the Rohingya equivalents. And while there are many shared terms, Chittagonian speakers should be aware of the pronunciation differences to ensure they are being understood.

NUTRITION: WHAT'S IN A NAME?

There are no direct translations for the words 'nutrition' or 'nutrient' in the Rohingya language. That should not be surprising. The English words themselves are scientific terms for concepts that are more commonly described with simpler terms like 'healthy food' or 'energy'. As the Rohingya language does not have a history of being used for scientific purposes, it has not developed equivalents for these terms.

The Rohingya community often uses different terms for 'nutrition' depending on the food type. When talking about most pre-packaged nutritional supplements (often distributed by aid organizations) they use the term *shuji*, which literally means 'semolina'. This is because the flour-like supplements that they receive look like a semolina porridge when cooked, a food already found in their native diet. Therefore, they call 'nutrition centers' *shuji-hana*, which literally means 'semolina-room'.

For packaged therapeutic foods like Plumpy'Nut, that are not flour-like, they use the Bangla term *fushti*. Older speakers may use the Burmese term *ahara*.

When describing the nutritional content of fresh foods, many Rohingya speakers use the term *shokti* which means 'strength'. As in, 'this food makes you strong (*bol-ola*) and healthy (*aram*).'





WORDS FOR MALNUTRITION

Malnutrition refers to an imbalance in energy and nutritional intake, whether it's a lower intake (undernutrition) or a higher intake (overnutrition). Overnutrition, or being overweight, is called *beshi boli zon goi*. It is viewed negatively. The common term for undernutrition is *leda* which translates as 'weakening'. If a child is moderately malnourished (MAM) you can use *mazila leda*, or *beshi leda* if the child is severely malnourished (SAM).



BREASTFEEDING TABOOS

The Rohingya community has a number of taboos and practices associated with breastfeeding. Colostrum, sometimes known as first milk, is the highly nutritious breast milk produced right after giving birth. Rohingya speakers call it *ãda dud*, which means 'sticky milk'. There is a perception in the Rohingya community that this milk is dirty and physically and spiritually damaging to the newborn. Therefore, many new mothers express and discard the colostrum until the mother's milk (*bukor dud*) comes in.

In place of colostrum, Rohingya sometimes give honey, sugar solution and mustard oil to infants just after birth (called pre-lacteal feed). They believe this helps clear the baby's throat and stomach. Many Rohingya women also believe that honey makes the breastmilk sweet.

These taboos extend beyond the Rohingya community. Neighboring Chittagonians, Bengalis, and other communities throughout South Asia retain strong taboos concerning colostrum and breastfeeding. However, public health campaigns in these countries have raised awareness of the many benefits and the practice is changing.



COMMON BREASTFEEDING PATTERNS AND PRACTICES

Many Rohingya women breastfeed until the child is two or three years old. It is not uncommon for a friend, family member or neighbor to breastfeed a Rohingya child to allow the mother to rest if she is sick, or has work to do. There is no specific term for wet nurse in the Rohingya language, but relactation centers in the camps are commonly referred to as *shanti hana*, or peace room.

There is stigma attached to stopping breastfeeding (*dud sarai falan*) early. However, if a mother does stop breastfeeding her child for more than three days, she is unlikely to breastfeed the child again. There is a belief that if a mother begins to breastfeed again after a break, her milk will have gone bad (*dud baara*). This taboo is shared by many neighboring cultures.

If a woman cannot breastfeed, many Rohingya assume that she is not healthy. Yet they discourage formula feeding (*tula dud*). If a woman cannot afford pre-packaged milk formula a common response is to substitute rice water or powdered milk. In the camp environment where there may be increased bacteria in the water, this could be very dangerous for babies.

Many in the Rohingya community understand the connection between eating healthy foods and an increase in milk supply. Locally sourced leaf fish, or *fathamas*, are a favorite for this. However if a woman is suffering from being engorged (*dud bara*), meaning she has too much milk in one or both breasts, she will use traditional remedies. For example, she might take the root of a papaya tree, tie it seven times with string and place it on the painful breast. Alternatively, she might use sweet yam creeper root in the same way or wear a mango tree leaf as an earring. When a baby starts eating solids, or supplemental feeding, the Rohingya call this *tula habon*.

This publication is part of the Common Service for Community Engagement and Accountability. The work is being delivered in partnership with IOM, the UN migration agency, and is funded by The United Nations Children's Fund (UNICEF), EU humanitarian aid (ECHO) and the UK Department for International Development. The views expressed in this report should not be taken, in any way, to reflect the official opinion of the European Union, nor do the views expressed necessarily reflect the UK government's official policies. The UK government and the European Commission are not responsible for any use that may be made of the information contained in this document.